MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(8)

06729

Reg. Diat. No. 2-5-5

1. PLACE OF DEATH:
County: Queen Anne
City or town: Pondtown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Queen Anne Co.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Infant Ashley

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months: Stillbirth | Days | If less than one day: hrs. min.

9. Birthplace: Pondtown, Queen Anne Co., Md.
(Town, county, and state)

10. Usual occupation: infant

11. Industry or business

FATHER
12. Name: John Ashley
13. Birthplace: Queen Anne Co., Md.

MOTHER
14. Maiden name: May Fletcher
15. Birthplace: Queen Anne Co., Md.

16. Informant: May Ashley
Address

17. (Burial, cremation, or removal. Which?) Date thereof: June 9, 1940 (month) (day) (year)
Cemetery or crematory
Location: Pondtown, Md.

18. Funeral director: John Ashley
Address: Pondtown

19. June 22 40 (Date rec'd by registrar) F. M. Stack Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 19 40, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8 19 40, to June 8 19 40 and that I last saw h...er stillborn June 8 19 40

Immediate cause of death	DURATION
Traumatism due to a fall by mother	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: F M Stacks M. D. or other
Address: Crumpton Date signed: Aug 29

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Sig.

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AUG 31 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

06730

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Queen Anne's
City or town Chester
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 74 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Anne's
City or town Chester Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Allison Coursey

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Walter Coursey Sr
6(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) June 9th 1865

8. AGE:

Years	Months	Days	If less than one day
74	11	3	hrs. min.

9. Birthplace Kent Island (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Jacob Folson
13. Birthplace Kent Island Md
MOTHER 14. Maiden name Wilmina Lewis
15. Birthplace Kent Island Md
16. Informant Walter Coursey Sr
Address Chester
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 6 1940 (month) (day) (year)
Cemetery or ~~crematory~~ Cemetery
Location Stevensville
18. Funeral director F. C. Thomas & Son
Address Stevensville
19 June 5 1940 (Date rec'd by registrar) F. C. Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 23 1938 to June 3 1940, and that I last saw her alive on June 3 1940.

Immediate cause of death	DURATION
Nephritis	2 yrs.
Due to	
Due to	
Other conditions Gall bladder Dis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Cleon E. Temple M. D. or other
Address Stevensville Date signed 6/4/40

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BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06731

CERTIFICATE OF DEATH (97)

Reg. Dist. No. 255

1. PLACE OF DEATH:

County: Queen Anne's

City or town: Near Sudlersville Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or insf. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Queen Anne's

City or town: Near Sudlersville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Julia Gibbs

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: C

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Steve Gibbs

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug. 25 1863

8. AGE: Years 76 | Months 9 | Days 9 | If less than one day ____ hrs. ____ min.

9. Birthplace: Queen Anne's
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business —

FATHER
12. Name: West Price
13. Birthplace: Queen Anne's

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: Arthur Williams
Address: Rural Sudlersville

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 4, 1940 (month) (day) (year)

Cemetery or crematory: Bethel

Location: Near Sudlersville

18. Funeral director: H. C. Fellows
Address: Millington

19. June 3 1940 (Date rec'd by registrar) F. M. Stack Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 1 1940, at 1300 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 1940, to June 1 1940, and that I last saw her alive on May 29 1940.

Immediate cause of death: Paresis; meaning senile paresis; not general paralysis of the insane. Duration: two years.

Due to: Arteriosclerosis

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. Stack M. D. or other

Address: Crenepiece Md Date signed: June 2 1940

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06732

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County Queen Anne

City or town Chester

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 52

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Chester Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Hazelton

3. (b) Social Security Number None

4. Sex Female

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Arthur Hazelton

6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Sept 20 - 1887

8. AGE: Years 52 Months 9 ~~Sept~~ Days 7 If less than one day hrs. min.

9. Birthplace Kent Island Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Jordon Taylor

13. Birthplace Maryland

MOTHER 14. Maiden name Harriet Richson

15. Birthplace Kent Island, Md.

18. Informant Charles Hazelton

Address Chester, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 30-40 (month) (day) (year)

Cemetery or crematory Chester Cemetery

Location Chester

18. Funeral director F. C. Thomas

Address Stevensville

19. June 28 1940 (Date rec'd by registrar) F. C. Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27th 1940, at 8 p 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 10 1939, to June 27 1940th, and that I last saw her alive on June 26 1940.

Immediate cause of death Arterio sclerosis — DURATION 3 Years

Due to Chronic interstitial nephritis — 1½ Years

Due to

Other conditions nervous breakdown due to husband leaving her — 1 Year ago

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Theodor Sattelmaier M. D. or other

Address Stevensville Date signed June 28, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

06733

CERTIFICATE OF DEATH

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8 A15

1. PLACE OF DEATH:
County: Queen Anne
City or town: Centreville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 45 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Centreville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mollie E. Hopkins

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Robert M. Hopkins
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 11- 1865

8. AGE:

Years	Months	Days	If less than one day
75	7	19	hrs. min.

9. Birthplace: Nr. Centreville Md
(Town, county, and state)
10. Usual occupation: Housekeeper
11. Industry or business:
FATHER 12. Name: John Cole
13. Birthplace: Maryland
MOTHER 14. Maiden name: Elmira Fisher
15. Birthplace: Maryland
16. Informant: Walter Woodyard
Address: Centreville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 2-40 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville Md
18. Funeral director: Baxter Bros
Address: Centreville. Md.
19. July 2 1940 (Date rec'd by registrar) Mamie S. Bright Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1940, at 9 A M
21. I CERTIFY that death occurred on the date above stated, that I attended deceased from June 1st 39 to June 30 1940, and that I last saw h 29 alive on June 29 1940
Immediate cause of death: Chronic Valvular disease of the heart — DURATION
Due to: Arterio Sclerosis
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: H. S. McPherson M. D. or other
Address: Centreville Md. Date signed 7/1-40

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JUL 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06734

(97)

1. PLACE OF DEATH

County: Q A — Registration Dist. No. 251

Village or City: Price — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Joseph Mullikin

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Rebecca Mullikin

6. DATE OF BIRTH (month, day, and year): Oct 8 1854

7. AGE: Years 85 — Months 8 — Days 4 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farming

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year): Mch 1, 1940

11. Total time (years) spent in this occupation: All life

12. BIRTHPLACE (city or town) (State or country): Hayden Q A Co. Md

FATHER

13. NAME: Geo. Mullikin

14. BIRTHPLACE (city or town) (State or country): Ridgely Caroline Co Md

MOTHER

15. MAIDEN NAME: Mary E. Sollerfield

16. BIRTHPLACE (city or town) (State or country): Caroline Co Md.

17. INFORMANT (Address): Preston Shallcross Rock Hall, Md.

18. BURIAL, CREMATION, OR REMOVAL — Place: Centreville — Date: June 15, 1940

19. UNDERTAKER (Address): Barton Bros Centreville Md

20. FILED: June 15, 1940 — W. H. Good, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June (Month) 12 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Mch 1, 1940, to June 12, 1940

I last saw him alive on June 11, 1940; death is said to have occurred on the date stated above, at 4:30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Cardiac Dilation

Primary cause: Arteriosclerosis.

Duration: Unknown. C.W.G.R.

Date of onset

Other Contributory Causes of importance: General Asthenia & Senility

Name of operation: — Date of ____

What test confirmed diagnosis? — Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No — Date of injury —, 19____

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) C H Mitcalfe M. D.

(Address) Ingleville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06735

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 250

1. PLACE OF DEATH

County Queen Anne

City or town Willington
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Centreville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry Sparks

3. (b) Social Security Number None

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22 - 1865

8. AGE: Years 74 Months 7 Days 20 If less than one day hrs. min.

9. Birthplace Centreville, Md
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business Farm

FATHER
12. Name Daniel Sparks
13. Birthplace Queen Anne Co

MOTHER
14. Maiden name Julia A Chance
15. Birthplace Queen Anne Co

16. Informant Spencer Sparks
Address Centreville Md

17. Burial Date thereof June 13-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chesterfield

Location Centreville, Md

18. Funeral director Barton Bros
Address Centreville, Md

19. 6/11 1940 C. W. Anderson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 - 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8 1940, to June 11 - 1940, and that I last saw him alive on June 8 - 1940.

Immediate cause of death Mitral Stenosis

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION
6 months
1930

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Merritt Bruce M. D. or other

Address Willington Md Date signed June 11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (I) (T)

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JUL 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (58b)

06736

CERTIFICATE OF DEATH

Reg. Dist. No. 257

1. PLACE OF DEATH:

County Queen Ann County

City or town Near Sudlersville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) Life time

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MD. County Queen Anne

City or town Near Sudlersville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NO

3. (a) FULL NAME E. Davis Walraven

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6 (b) Name of ~~husband~~ or wife Margaret Walraven

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 9-20-1878

8. AGE: Years 61 | Months 8 | Days 12 | If less than one day — hrs. — min.

9. Birthplace Price Station - Queen Ann Co Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Home

FATHER
12. Name William Walraven
13. Birthplace Kent County - Chestertown

MOTHER
14. Maiden name Harriett Mirch
15. Birthplace Not Known

16. Informant Margaret Walraven - Wife

Address Sudlersville Maryland

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof 6-5-1940 (month) (day) (year)

Cemetery or ~~crematory~~ Sudlersville

Location Sudlersville Md

18. Funeral director Ralph H Wilton Inc.

Address by J Willis Wells - Chestertown Md

19. 6/4 1940 (Date rec'd by registrar) G. W. Anderson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940, at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 1 1940 to Jun 2 1940, and that I last saw him alive on June 2 1940.

Immediate cause of death Acute Endocarditis — DURATION 2 weeks

Due to Inflammatory Rheumatism

Due to

Other conditions Calculi in Kidney

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide W Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE C H Metcalfe M. D. or other

Address Sudlersville Md Date signed 6/3/40

RECEIVED
JUL 5 1940
BUREAU V. S.